

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534884

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3			2	0		
4		0		1		
5	0				1	
6	0				1	
7	0				1	
8	0				1	
9	0				1	
10	0				1	
11	0				1	
12	0				1	
13	0				1	
14	0				1	
15	0				1	
16	0				1	
17	1		1		1	
18		1		1		
19		2		2		
20		2		2		
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TOTAL IND.			2			
TOTAL DEP.			22			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						